pennsylvania
DEPARTMENT OF HUMAN SERVICES

Office of Developmental Programs (ODP)

FREQUENTLY ASKED QUESTIONS (FAQ)

ODP REQUIREMENTS DURING COVID-19

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SECTION 1: WAIVER SERVICE REQUIREMENTS	
A. RESIDENTIAL SERVICES	
QUESTION	**ANSWER**
Q1. Shift Nursing may be authorized as a discrete service to protect the health and safety of an individual receiving residential services as outlined in the Appendix K Operational Guide. Can the Shift Nursing provider also be the residential habilitation provider?	A1. Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waivers Shift Nursing may be provided as a discrete service during the provision of Residential Habilitation, Life Sharing, and Supported Living services when the following occurs: • The provider's current nurse is diagnosed with COVID-19 and the provider has been unable to contract with a nurse from an agency to fill the role; or • Due to multiple participants being diagnosed with COVID-19, additional nurses are needed to meet the health and safety needs of those participants. Shift Nursing cannot be provided as a discrete service if the need for nursing is not related to COVID-19. The Shift Nursing provider may be the residential provider if: • Multiple individuals have been diagnosed with COVID-19; • The nurse that the provider currently employs or has contracted with cannot keep up with the increased demand of individuals being treated for COVID-19; and • The residential provider is able to employ or contract with additional nurses to meet the need for increased nursing services.

	Adult Autism Waiver (AAW) Discrete Shift Nursing may be provided by any agency that is enrolled and qualified to render discrete Shift Nursing services, including residential providers. Shift Nursing can be authorized for individuals receiving residential services who have been diagnosed with COVID-19 and need this level of support.
Q2. If someone who is receiving Life Sharing services needs to move to a Residential Habilitation home due to COVID-19, what service is billed?	A2. Residential Habilitation is billed because that is the service the individual is receiving when they move from their Life Sharing home for a reason related to the COVID-19 pandemic.
Q3. Can Community Participation Support or Day Habilitation be delivered in the home of a staff member?	A3. As explained in the Operational Guide, Community Participation Support may be provided in the following private homes: • Homes owned, rented, or leased by the participant, the participant's family, or friends. This includes homes where Supported Living is provided. • Licensed and unlicensed Life Sharing homes. The service can also be provided remotely. This service cannot be rendered in a staff member's home.
Q4. There are a few individuals in our residential service programs who have been asking frequently to go to drive-throughs for fast food. We feel that this is exposing them to contact with COVID-19. Can we restrict staff from transporting the individuals to drive-throughs due to the risk of contracting COVID-19?	A4. Picking up food through a drive-through window is an allowable activity under orders and guidance issued by the Governor and the Secretary of Health. Individuals who request or prefer food via drive-through windows should have those requests accommodated according to the individual's plan and diet. This accommodation applies to restaurant food acquired via pick-up or delivery, as these are also allowable activities under the Governor's and Secretary of Health's orders and guidance.

Q5. Can an individual who receives Residential Habilitation and was also receiving Behavioral Support as a discrete service while attending their Community Participation Support program still receive Behavioral Support as a discrete service while their Community Participation Support program is closed because of COVID-19? ***This question is not applicable to the AAW.**	A5. Behavioral Support may only be authorized as a discrete service for a participant who receives Residential Habilitation, Life Sharing, or Supported Living services if Behavioral Support is being used to support access to a Community Participation Support program or to maintain the participant's employment. The COVID-19 pandemic has not resulted in a change to this requirement. A participant cannot receive Behavioral Support as a discrete service at the participant's residential program because the service is included in the residential rate. It is the responsibility of the residential provider to render the service as provided for in ODP Communication 111-17.
Q6. When a person who is receiving residential services goes home as a result of the COVID-19 pandemic and receives other in-home services, should the residential authorizations be end-dated on the plan?	A6. No. The authorization for Residential Habilitation, Life Sharing, or Supported Living services should be left on the plan so services can be resumed when the individual returns to the residential service following the COVID-19 pandemic. Residential services should not be billed for while the individual is at home.
REVISED **Q7. If an individual temporarily went home with their family (from a residential habilitation setting) during the COVID-19 pandemic, and the provider is paying the family, can Community Participation Support be provided in the family's home?**	A7. Prior to June 30, 2020, if a provider paid a family to provide Residential Habilitation services, the family's home was considered a Residential Habilitation setting (even though it is not subject to licensure) and Community Participation Support could not be provided in the Residential Habilitation setting. **New clarification:** Effective July 1st, 2020, as a result of the approval of the third Appendix K, a participant receiving Residential Habilitation services, including in the family home, can receive Community Participation Support/Day Habilitation services remotely for a maximum of 10 hours per week when all criteria for remote service delivery outlined in the Operational Guide are met.
Q8. Can a Residential Habilitation or Life Sharing provider utilize audio/video, non-	A8. Allowable use of technology in Residential Habilitation and Life Sharing homes has not changed during the COVID-

recording monitors to help keep a close eye on individuals in their rooms, while still maintaining some degree of isolation for individuals who are probable or have tested positive for COVID-19?	19 pandemic. The use of technology to monitor individuals is addressed in the 55 Pa. Code Chapter 6400 Regulatory Compliance Guide (RCG), which is attached to ODP Bulletin 00-20-01. Providers should follow the guidance under 6400.32(h). The RCG contains a decision matrix starting on page 35, "Evaluating Technology Use," that should be used to evaluate the use of technology in these situations.
Q9. If an individual decides to go stay with a family member or friend during the COVID-19 pandemic, will the individual lose their place in their residential home or will they be disenrolled from the waiver if they are not receiving any services during the time spent at their family's or friend's house?	A9. As stated in ODP Communication 20-047, when an individual decides to go home with a family member or friend during the COVID-19 pandemic, the provider must ensure that the individual has the right to return to their home, at the latest, at the end of the COVID-19 pandemic. The individual and the Individual Support Plan (ISP) team must determine how the individual's needs will be met during the time away from the residential home. If the decision is that the individual will not receive services while staying with his/her family or friends, the individual will not be disenrolled from the waiver during the COVID-19 pandemic. When the individual is able to return to his/her residential home (when the pandemic is over, if the provider develops a policy to allow the individual to return to the home sooner, etc.), the Supports Coordinator and ISP team should assist the individual with the transition to receiving waiver services at the residential home.
B. EMPLOYMENT SERVICES	
Q10. Can providers of Supported Employment or Small Group Employment services bill for remote support when an individual is not at his or her place of employment?	A10. Yes, as long as the remote support is provided in a manner that is consistent with the service definition. An example of remote support that can be billed is a telephone conversation to discuss what happened during an individual's shift after the individual has returned home.

Q11. Is assistance with applying for and maintaining unemployment benefits billable under Supported Employment?	A11. Yes. Supported Employment providers can bill for this assistance using whatever component of Supported Employment (Career Assessment, Job Finding or Development, or Job Coaching and Support) is authorized on the individual's plan. Providers of Supported Employment or Career Planning in the AAW can also bill for assistance with applying for and maintaining unemployment benefits.
Q12. Can you please expound on how to offer Supported Employment remotely?	A12. Services may be delivered via telephone or video conferencing such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Providers delivering Job Finding services could work remotely on goals such as virtual resume development, interview preparation, etc. Providers delivering Job Coaching and Support must assess on a case-by-case basis whether remote services can meet the needs of the individual. Unfortunately, due to job duties or other circumstances, not all individuals can be supported at their job remotely. Providers are encouraged to be as creative as possible to provide support to meet the individual's needs. An individual who is receiving in-person Companion services while at a place of competitive integrated employment may be utilized to act as a conduit for supports provided by a Supported Employment professional delivered remotely. A free webinar on the topic of remote supports developed by the Association of People Supporting Employment First (APSE) can be found at apse.org. Go to the "Online Learning" tab under the "Get Educated" pulldown, or click on this link.

C. COMMUNITY PARTICIPATION SUPPORT SERVICES	
NEW **Q13. Do regulatory requirements for functions completed by a program specialist apply to Community Participation Support facilities when an individual has chosen not to return to the facility temporarily due to COVID-19 safety concerns? Is the program specialist still responsible for activities such as coordinating the completion of assessments and supporting individual communication and involvement with families and friends for individuals? One program specialist is required for every 30 individuals. Are individuals who have chosen to temporarily discontinue services counted on the program specialist's caseload in accordance with this regulatory requirement?**	A13. When either of the following occurs, the program specialist is not required to complete the responsibilities specified in 55 Pa. Code §§2380.33 or 2390.33 for the individual and the individual is not counted on the program specialist's caseload: • An individual has chosen not to return to the Community Participation Support facility temporarily due to COVID-19 safety concerns, or • The Community Participation Support facility does not have the capacity to serve the individual in the facility due to the implementation of COVID-19 mitigation procedures. When either of the scenarios above has occurred, the Community Participation Support provider should follow the guidance regarding the development, communication, and implementation of a policy to determine the order in which individuals will be able to return to facility-based services in accordance with ODP Announcement 20-089.
NEW **Q14. If an individual needs assistance participating in Community Participation Support services using remote technology, can Companion or In-Home and Community Support services be provided and billed to support the individual? In other words, can Community Participation Support and Companion or In-Home and Community Support be provided and billed on the same day and at the same time to enable the individual to participate in remote Community Participation Support services?**	A14. No. Community Participation Support cannot be provided and billed on the same day at the same time as Companion or In-Home and Community Support to enable an individual to participate in remote Community Participation Support services. This has not been approved through Appendix K and is expressly prohibited in the waivers. If an individual needs in-person staff support to participate in remote service delivery, remote Community Participation Support is not an appropriate service delivery method. Either the direct support professional rendering Companion or In-Home and Community Support services can work on the same goals or outcomes with the individual in-person or Community Participation Support can be delivered in-person.

	The AAW does not offer Companion and In-Home and Community Support services so this question and answer are not applicable to that waiver.
NEW **Q15. Appendix K allows staff who are qualified for one service to be considered qualified to provide Community Participation Support. It was never clarified until Version 2 of the Operational Guide that Community Participation Support training is still required for staff. Can providers still bill for staff who have not completed this training? Can providers have a grace period to have staff complete this training?**	A15. Direct support professionals, program specialists, and supervisors of direct support professionals who were hired to provide Community Participation Support between March 1, 2020 and October 31, 2020 who have not completed the Community Participation Support training are considered qualified to render Community Participation Support services until December 31, 2020. If they want to continue to provide Community Participation Support services on or after January 1, 2021, they must complete Community Participation Support training by December 31, 2020 to be qualified. This training can be completed online and is crucial to the provision of the Community Participation Support service. Direct support professionals, program specialists, and supervisors of direct support professionals hired on or after November 1, 2020 must comply with the qualification requirement for Community Participation Support training included in the waivers. New hires must complete the Department approved training on Community Participation Support within 60 days of hire and, until they have completed the training, be supervised by someone who has completed the training.
NEW **Q16. Do staff who solely provide Community Participation Support via remote technology have to take the Community Participation Support training?**	A16. Yes, staff who render Community Participation Support via remote technology must complete the Department approved training on Community Participation Support. The training can be completed online and covers content that is crucial to the delivery of Community Participation Support services whether in person or via remote technology.

D. SUPPORTS COORDINATION	
Q17. Are Supports Coordinators required to conduct weekly check-in calls as outlined in ODP announcement 20-044?	A17. Yes, Support Coordinators should continue to conduct weekly check-in calls unless both of the following conditions are met: • The individual and/or family states that they do not want to participate in weekly check-ins; and • The Supports Coordinator does not have any concerns that would necessitate the continuation of weekly check-in calls. ODP expects Supports Coordinators to continue individual transition discussions as discussed in ODP announcement 20-056.
Q18. Are Supports Coordinators required to obtain written signatures from participants during an annual ISP meeting or when critical revisions are made to the ISP?	A18. Documentation of ISP team members' verbal consent with the content of the ISP is currently acceptable. Supports Coordinators are responsible for documenting the verbal consent of the individual and all providers responsible for implementation of the ISP and any other members who attend the ISP meeting on the ISP Signature Page or in a Service Note.
E. OTHER WAIVER SERVICES	
Q19. Which services were approved to be rendered remotely through Appendix K?	A19. As a result of the approval of Appendix K, direct services may be rendered remotely, including by telephone, when remote support meets the health and safety needs of the individual receiving services. The following services can be rendered under the waivers remotely, including by telephone, immediately, as they were included in either the first or second Appendix K that has been approved by CMS: Intellectual Disability/Autism Waivers (ID/A Waivers) (Consolidated, Community Living and Person/Family Directed Support) Supports Coordination, In-Home and Community Support, Companion, Behavioral Support, Community Participation Support, Supported Employment, Therapy Services, Supports Broker Services, Communication Specialist,

	Consultative Nutritional Services, Music Therapy, Art Therapy, and Small Group Employment. AAW Supports Coordination, Day Habilitation, Family Support, Nutritional Consultation, Specialized Skill Development (Behavioral Support, Systematic Skill Building and Community Support), Career Planning, Supported Employment, Small Group Employment, and Therapies.
Q20. Can In-Home and Community Support Basic (staff to individual ratio of 1:3) be authorized and billed for group activities rendered remotely such as teaching a skill on Zoom? The guidance in the Appendix K Operational Guide does not address this directly.	A20. In-Home and Community Support in the three ID/A waivers and the AAW can be delivered remotely under Appendix K at any of the staffing ratios. However, providing In-Home and Community Support services at the Basic staffing ratio is not an option for individuals who receive services through a participant directed services model because this staffing ratio is not offered in the participant-directed service models. If an individual wants to receive In-Home and Community Support with other individuals (at a staff to individual ratio higher than 1:1) this service must be rendered through a traditional provider.
Q21. Can Respite Camp be provided remotely?	A21. No. Respite services, regardless of location of delivery, were not approved in Appendix K or the current approved waivers to be delivered remotely.
Q22. Can waiver funds be used for Respite Camps during the COVID-19 pandemic?	A22. Waiver funds may be used for Respite Camps. A Respite Camp must comply with all applicable Centers for Disease Control and Prevention (CDC) guidelines. If the camp is in Pennsylvania it must also comply with the Pennsylvania Department of Health (DOH) guidelines, including the summer recreation, camps, and pools Frequently Asked Questions. The Respite Camp must submit a written health and safety plan that follows the CDC guidance for youth and summer camps and post the plan on the camp's publicly available website prior to providing

	services. The plan must describe how compliance with all applicable guidelines will be met. Starting July 1, 2020, new requests to have Respite Camp services added to an individual's ISP must be submitted by the AE to the ODP Regional Office. The ODP Regional Office must review and approve the health and safety plan in consultation with the AE prior to the authorization of the service on the ISP to ensure the Respite Camp is complying with the CDC and DOH guidance for youth and summer camps. Current CDC guidance for camps can be accessed at: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html Current DOH Frequently Asked Questions can be accessed at: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/Summer-Recreation-Camps-Pools.aspx.
REVISED **Q23. Appendix K allows for the provision of a number of waiver services to support an individual who is hospitalized due to complications from COVID-19. Can we also bill to render waiver services when a person is hospitalized due to a condition other than COVID-19?**	A23. The Coronavirus Aid, Relief and Economic Security (CARES) Act allows individuals receiving home and community-based services (HCBS) under a 1915c waiver to have their direct support professional assist them during a short-term hospital stay. As approved in ODP's second Appendix K, effective and retroactive to July 1, 2020, ODP waiver services can be provided and billed for an individual who is admitted to the hospital for any diagnosis. The guidance in ODP Announcement 20-098 and the Operational Guide must be followed to bill for services when an individual is hospitalized. ODP is in the process of making this change to the ID/A waivers and AAW to request CMS approval to allow services to continue to be provided in the hospital after Appendix K is no longer in effect.

F. BILLING	
Q24. Can Life Sharing be billed when individuals go home to stay with their family during the COVID-19 pandemic? We want to be able to pay our life sharers during this difficult time, but it is hard to do if we are losing revenue because people are staying with their families to feel safe.	A24. Life Sharing can be billed when: • A day unit of service is delivered by the life sharer, defined as a period of a minimum of 8 hours of non-continuous care rendered by a residential provider within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m. • In-Home and Community Support or Companion has not been authorized to support the individual while staying with their family. Life Sharing can only be billed when individuals are staying with their family when both of these criteria have been satisfied.
NEW **Q25. If an individual is receiving Residential Habilitation as well as Community Participation Support, would the Residential Habilitation bill the “With Day” or “Without Day” modifier?**	A25. The clarification for when to use “With Day” and “Without Day” modifiers found on page 152 of the current ISP Manual continues to apply. The “Without Day” modifier should be used on days where one of the following occurs: • An individual solely receives services that are part of the Residential Habilitation service; or • An individual receives fewer than 5 hours of services or unpaid supports, or both, that are not a component of the Residential Habilitation service. Conversely, the “With Day” modifier should be used when an individual receives 5 hours or more of services or unpaid supports a day, or both, that are not a component of the Residential Habilitation service. Examples: • If the individual receives 6 hours of Community Participation Support (in-person or remote) and Residential Habilitation the rest of the day, the Residential Habilitation provider would bill “With Day”.

	• If an individual receives 2 hours of Community Participation Support (in-person or remote) and Residential Habilitation the rest of the day, the Residential Habilitation provider would bill "Without Day".
Q26. Can providers bill for participation in ISP meetings that are held remotely if the individual is participating? If so, how would they bill?	A26. Nothing in Appendix K changes the guidance published in ODP Informational Memo 037-13, which must still be followed in regard to billing for participation in ISP meetings. "In most circumstances, attendance at an ISP team meeting is not a billable activity. If a provider believes they are delivering a service consistent with the ISP and the waiver service definitions during an ISP team meeting, all the following conditions must apply in order for the activity to be billable: • Both the individual and the provider's direct support staff or individual practitioners must be present. • The support must be rendered according to the appropriate unit designation (15-minute, hour or day). • The required staffing level for the service as specified in the ISP is maintained. • Documentation must substantiate billing for the service. • Documentation must describe the nature and extent of the service(s) provided. (It is not sufficient to indicate that provider staff attended a team meeting.)"
Q27. Some of our providers are having a difficult time compiling a full 15-minute service unit when they provide the service remotely. We are aware of the guidance regarding how to combine partial units of service for billing purposes in the Interim Technical Guide for Claims and Service	A27. Providers must have provided a full 15 minutes of service to bill for a unit of service. Partial units from the same billing cycle can be combined as described on page 245 of the current ISP Manual (Bulletin 00-20-02). That guidance states: *The 15-minute unit of service will be comprised of 15 minutes of continuous or non-continuous service. The full 15*

Documentation (Bulletin 00-18-04). Does ODP have any recommendations on combining partial billing units?	*minutes of service does not need to be provided consecutively but must be rendered during the dates of service indicated on the claim for the same participant, same 13-digit MPI and same service.* The guidance on partial units in the Interim Technical Guide attached to Bulletin 00-18-04 is no longer accurate. ODP is working to update the Interim Technical Guide with accurate guidance. Please note that a claim (and thus the combination of partial units of service) cannot span multiple fiscal years. For example, if services were rendered from June 22nd to July 3rd, the provider would need to submit two claims. One from June 22nd to June 30th and another one from July 1st to July 3rd.
Q28. Can a provider bill for time they are calling an individual to "check in" on him or her?	A28. While ODP initially encouraged providers to check-in with individuals and families, this is now being completed by Supports Coordinators. Beginning April 13, 2020, Supports Coordinators have been asked to conduct weekly check-ins with each individual they support. Since this is the role of the Supports Coordinators, providers cannot bill for conducting a similar check-in. If the provider is using the term check-in to refer to activities allowable under the service definition and that align with the individual's goals/outcomes for the service provided by the provider, time spent doing this activity can be billed for services allowed to be rendered remotely.
Q29. We are planning to offer Community Participation Support via a Zoom conference call to six of our Community Participation Support participants. The Appendix K Operational Guide states, "Supporting participants in private homes can be billed using community procedure codes." How do we bill when we are	A29. Billing must accurately reflect service provision, including the staffing ratio. For example, Community Participation Support provided remotely at a staff-to-individual ratio of 1:2 would be billed at CPS Community 1:2. Community Participation Support provided remotely at a staff-to-individual ratio of 1:4, 1:5, or 1:6 would bill the CPS Facility 1:4 to 1:6 procedure code.

supporting six participants at one time? Community Participation Support community procedure codes go no higher than 1:3 staffing ratios.	ISPs should be revised to reflect the most accurate ratios. If these changes cause an individual to exceed the fiscal year limits of the P/FDS or Community Living waiver, the ISP team should follow guidance in ODP Announcement 20-069 on how to submit an exception request to the ODP Regional Program Manager.
NEW **Q30. For Community Participation Support services rendered using remote technology, what determines whether providers bill community or facility procedure codes?**	A30. There are two independent factors that determine whether community or facility Community Participation Support procedure codes should be billed: • The location of the individual when receiving the service. If the individual is receiving remote services in a private, Life Sharing, or Residential Habilitation home or another community location, community codes may be used. If the individual is receiving remote services in a licensed Community Participation Support facility, facility codes must be used. • The number of people receiving remote services from the direct support professional. Facility codes must be used if more than 3 individuals are supported at the same time remotely by one direct support professional regardless of the location of the individual when receiving the service. The Operational Guide recommends that diagnosis code Z03818 be included in Field 21.B of the claim when services are provided using remote technology.
NEW **Q31. What procedure codes should be billed when Community Participation Support services are rendered remotely to a group of individuals by multiple staff?** **Example: Six individuals are participating in a remote activity with 2 staff. One staff person is the instructional staff person,**	A31. Community Participation Support providers can bill smaller group staffing ratios when rendering services using remote technology when the following criteria have been met: • The direct support professionals are actively engaged in providing support and instruction to the individuals during the entirety of the remote Community Participation Support service billed; and

although the person who is the instructional staff person may change during the session (a staff presents the social gathering aspect and COVID-19 educational piece and a different staff person presents the gardening instruction and the closing social process). **The instructional staff person is focusing on the presentation and content of the session including engagement of the participants.** **The other staff person is focusing on active participation such as managing the sharing of screen time, troubleshooting tech difficulties in real time, connecting participants to each other, guiding and facilitating conversations about the activity, highlighting pieces of the instruction and assisting the instructor, and participants as needed.**	• The group staffing level billed enables each individual to meaningfully participate in the remote activity and achieve their outcomes by participating in the remote activity. Regarding the example in the question, if the criteria above have been met, services can be billed using community 1:3 procedure codes. For Day Habilitation in the AAW, ISPs and services billed should reflect procedure codes that correspond with the staff-to-participant ratio for participants receiving services remotely.
NEW **Q32. How do we bill for Community Participation Support planning and coordination activities that involve multiple people? For example, Community Participation Support staff spends 45 minutes contacting people to plan for a community activity that 3 individuals will participate in.**	A32. Because of the COVID-19 pandemic, when planning and coordinating activities that multiple individuals will participate in via remote technology or in-person, including transportation rendered by the provider, providers should, if possible, ensure that the same individuals and staff interact with one another for all activities (also known as a cohort). If the individuals are authorized for facility units, the planning and coordination activities can be billed at the lowest facility staffing ratio (the ratio where the smallest number of individuals are supported by a staff person) as currently authorized in the ISP excluding 2 staff rendering services to 1 individual (2:1). For example, if all 3 individuals have 1:3 facility codes authorized on their ISPs as the lowest staffing ratio, the 45 minutes can be billed for all 3

	individuals using the 1:3 facility codes. If all 3 individuals have facility code 1:1 authorized on their ISPs, then 15 minutes could be allocated to each person using the 1:1 facility code. Please note that new codes cannot be added to ISPs for the sole purpose of billing for planning and coordination activities at a lower staffing ratio than what is currently authorized in the ISP. The same guidance applies to individuals who only have authorizations for Community Participation Support in community locations. The staffing ratio currently authorized on the ISP where the fewest individuals supported by a staff person can be used for billing planning and coordination activities (excluding 2:1). Providers are responsible for understanding which procedure codes should be used for planning and coordination activities and that they do not overbill or duplicate bill in these scenarios. For example, if one staff was planning and coordinating activities that 3 individuals will participate in, the provider cannot bill 45 minutes of 1:1 for 1 of the individuals and 45 minutes at 1:3 for the other 2 individuals. This is because 45 minutes of planning and coordination was not done solely for the individual with 1:1 on their plan. Providers may choose to use higher staff to individual ratios authorized on ISPs for planning and coordination activities to avoid overbilling or duplicate billing.
NEW **Q33. Community Participation Support planning and coordination activities may be provided on the same date and at the same time as direct remote or in-person Community Participation Support activities. Service notes completed by staff**	A33. Community Participation Support planning and coordination activities may be billed for the same date and time as direct remote or in-person Community Participation Support activities for the same individual(s). ODP recommends that both the service note completed by the staff person who conducted the planning and coordination activities and the service note completed by the staff person

performing the planning and coordination activities will show the same date and time as service notes completed by the staff providing the direct Community Participation Support activities. Could you verify that this will not cause billing or claim documentation issues?	rendering direct remote or in-person activities be kept in the same location (physical or electronic) so that they are both easy to find if requested as part of an audit or other review. It is also recommended that the service notes document whether direct activities were delivered remotely or in-person.
NEW **Q34. In situations where Community Participation Support providers are providing transportation because transportation trip or public transportation is not safe for an individual due to the COVID-19 pandemic, can providers bill for the staff travel time before they pick up the individual and after they drop the individual off?**	A34. Community Participation Support providers can only bill for the times when the individual is in the vehicle. In the AAW, transportation to and from the facility is included in the Day Habilitation rate and therefore time spent transporting individuals to and from the facility cannot be billed by the Day Habilitation provider.
NEW **Q35. As part of the Community Participation Support service we are transporting one individual in a vehicle from their private home to the facility to receive services. If the individual does not have 1:1 facility Community Participation Support procedure codes authorized in their ISP, would we need to have that procedure code added to the ISP in order to bill? Could we just use the maximum facility procedure code (i.e. 1:4-6) authorized in the ISP even when only one individual is being transported?**	A35. If the plan is for the provider to regularly transport this one individual in a vehicle to the facility where the individual will receive Community Participation Support services, either solution is acceptable. The provider can choose to have the 1:1 facility Community Participation Support procedure code added to the ISP or bill the higher staff to individual procedure code currently authorized in the individual's ISP. If the plan is for the provider to regularly transport two or three individuals to the facility in a vehicle and the other individuals do not use the transportation for a temporary period (due to illness, vacation, etc.), the provider cannot bill the 1:1 facility procedure code. The provider must bill the facility procedure code that reflects the number of people for whom transportation is regularly planned. Costs to transport individuals to and from their homes to the facility are built into the Day Habilitation rate for the AAW, and therefore, this question and answer does not apply to this waiver.

G. STAFF FACE COVERINGS	
NEW **Q36. Are "tube" or "gaiter" face masks acceptable for staff to wear during direct service provision?**	A36. Yes. Face coverings commonly referred to as "gaiter" or "tube" masks are acceptable, as long as they cover the nose and mouth snugly, stay in place, and provide the same protection as a cloth face covering. These types of face coverings meet the standard given in the "Universal Face Coverings Order FAQ" issued by the Pennsylvania Department of Health (DOH) on July 3, 2020 (note italics): "'Face covering' means a covering of the nose and mouth that is secured to the head with ties, straps, or loops over the ears *or is wrapped around the lower face*." Please see Q37 below for additional information about mask types, which also applies to "tube" or "gaiter" masks. The Centers for Disease Control and Prevention (CDC) recommends that gaiters either have two layers of material or be folded to make two layers.
NEW **Q37. Which types of face coverings should direct service professionals and support service professionals wear when serving individuals who have not tested positive for COVID-19 and show no symptoms?**	A37. Current guidance from the CDC indicates that surgical masks and face coverings with at least 2 layers of washable breathable fabric are most effective. This also aligns with guidance in ODP Announcement 20-088. The CDC does not recommend face coverings that have exhalation valves or vents which allow virus particles to escape.
NEW **Q38. We have staff taking individuals for outdoor activities such as hiking on trails at state parks, and our staff members say their face coverings make them feel even warmer in the summer heat. Are there times when staff members can get some relief by taking off their face coverings briefly, while maintaining safety for themselves and the individuals they are serving?**	A38. Guidance from ODP and DOH has consistently stated that face coverings must be worn during service provision. However, the "Universal Face Coverings Order FAQ" does recognize situations where individuals who are outdoors and can maintain social distancing (a minimum of 6 feet apart) do not need to wear face coverings. Staff may not remove their face coverings if they need to provide direct services to an individual that would require the staff person to be within 6 feet of the individual. Providers are encouraged to review the CDC's current guidelines on social distancing.
NEW	

Q39. Can our staff members remove their face coverings to take a drink of water while working with individuals? What can our staff members do if they are sharing a meal with individuals?	A39. Yes, staff members can remove their face covering briefly to have a drink of water or other fluids during service provision. Staff must maintain social distancing and remove their face covering only when their safety and the safety of the individuals they are serving can be maintained. Staff are encouraged to remain behind a physical barrier such as a door, window, Plexiglas fixture, etc. when face coverings are removed to have a drink of water or other fluids while working with individuals.
NEW **Q40. Is a direct support professional required to wear a face covering in a residential home when all individuals in the home and the direct support professional are sleeping?**	A40. Direct support professionals do not need to wear a face covering when sleeping in a separate room from the individuals residing in the home. The direct support professional must keep a face covering close by so that the direct support professional can put it on quickly if an individual needs support during the night.
NEW **Q41. Can ODP provide general principles to guide providers when deciding when staff can remove their face mask during their shift?**	A41. ODP does recognize that there will be situations where provider staff might need to temporarily remove their face covering. Some of those situations are addressed in these FAQs. Generally, providers may allow staff to remove their masks only when social distancing standards can be maintained or if there is a barrier between the staff and the individuals being served. Providers and staff must keep the safety of individuals being served as their highest priority. Providers, staff and interested parties should regularly check the following COVID-19 web pages for the most recent guidance on masks: • MyODP: https://www.myodp.org/mod/page/view.php?id=26808 • ASERT (Autism Services, Education, Resources and Training): https://paautism.org/resource/coronavirus-resources/

	• Pennsylvania Department of Health: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html • Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/index.html

SECTION 2: REGULATORY REQUIREMENTS (55 PA CODE CHAPTERS 2380, 2390, 6100 and 6400)	
A. ANNUAL TRAINING	
QUESTION	**ANSWER**
NEW **Q42. In April 2020, ODP suspended the regulatory requirement for 24 hours/12 hours of annual training to be provided to select staff. ODP's HCBS At-A-Glance Reopening Guide read that annual training activities should resume within 30 days of a county moving into Green Phase. Does this mean that providers must ensure staff have the total hours of annual training by the end of training years ending on or before December 31, 2020?**	A42. No. Staff are not required to complete the 24 hours/12 hours of training for training years that end on or before December 31, 2020. Required hours of annual training must be completed for any training year that ends in 2021. This answer does not apply to Supports Coordination Organizations as there was no suspension of annual training requirements. In accordance with ODP Announcement 19-156, providers and Supports Coordination Organizations in the AAW were permitted to delay annual training requirements to begin no later than July 1, 2020. No changes have been made to this extension.